

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without an Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Applicant

Case Number: _____

**AFFIDAVIT OF SERVICE
BY CERTIFIED MAIL**

STATE OF ARIZONA)
County of Maricopa) ss.

1. I am familiar with the facts stated in this Affidavit, and I make this Affidavit to show that I have served copies of the ***“Application for Change of Name”*** and the ***“Notice of Hearing Regarding Application for Change of Name”*** on the person named below by certified mail/restricted delivery, return receipt requested.

Person served (name of other party): _____

Address where other party was served: _____

Date of receipt by the other party: _____

2. The Application and Notice listed above were received by the other party as shown by the receipt, the original of which is attached to this Affidavit on a separate piece of paper.

Signature of Sender

SUBSCRIBED AND SWORN to before me this date: _____, by _____
(Month, Day, Year)

My Commission Expires: _____
Notary Public